

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

ADDRESS (number and street)

103 POWELL COURT SUITE 200

☐Check if different  
than previously  
reported. (ACC)

BRENTWOOD

TN

37027

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00347955

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☒

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

02

01

2007

through

02

28

2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Penny Brake

Signature of Treasurer

Electronically Filed by Penny Brake

Date

03

15

2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 02/2003)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	2	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	2	2	8	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2007</span>		8122.84
(b) Cash on Hand at Beginning of Reporting Period .....	7402.25	
(c) Total Receipts (from Line 19) .....	13000.00	13000.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	20402.25	21122.84
7. Total Disbursements (from Line 31) .....	4510.97	5231.56
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	15891.28	15891.28
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	2	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	2	2	8	2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	13000.00	13000.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	13000.00	13000.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) .....	13000.00	13000.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	13000.00	13000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	13000.00	13000.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	10.97	21.56
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	10.97	21.56
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4000.00	4000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	500.00	1210.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	4510.97	5231.56
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	4510.97	5231.56

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	13000.00	13000.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	13000.00	13000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	10.97	21.56
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	10.97	21.56

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 / 12

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

**A.**

Full Name (Last, First, Middle Initial)

John Bumpus

Mailing Address 6118 Paddock Place

City

Brentwood

State

TN

Zip Code

37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LifePoint Hospitals, Inc.

Occupation

SVP Human Resources

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 2 / 2 0 0 7

Transaction ID: SA11A1.6101

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

William Carpenter

Mailing Address 4005 Newman Place

City

Nashville

State

TN

Zip Code

37204

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LifePoint Hospitals, Inc.

Occupation

General Counsel

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 2 / 2 0 0 7

Transaction ID: SA11A1.6104

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Paul D. Gilbert

Mailing Address 2414 Valley Brook Road

City

Nashville

State

TN

Zip Code

37215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LifePoint Hospitals, Inc.

Occupation

SVP General Counsel

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 2 / 2 0 0 7

Transaction ID: SA11A1.6098

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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PAGE 7 / 12

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial)

William Gracey

Mailing Address 14 Wynstone

City State Zip Code  
 Nashville TN 37215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LifePoint Hospitals, Inc.

Occupation  
Division President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 2 / 1 2 / 2 0 0 7

Transaction ID: SA11A1.6102

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)

Paul Hannah

Mailing Address 8202 Foxview Court

City State Zip Code  
 Brentwood TN 37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LifePoint Hospitals, Inc.

Occupation  
VP Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 2 / 2 3 / 2 0 0 7

Transaction ID: SA11A1.6109

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)

William E. Hoffman, Jr.

Mailing Address 1017 Jones Parkway

City State Zip Code  
 Brentwood TN 37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LifePoint Hospitals, Inc.

Occupation  
VP, Reimbursement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 2 / 2 3 / 2 0 0 7

Transaction ID: SA11A1.6106

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

**A.**

Full Name (Last, First, Middle Initial)

Jess Judy

Mailing Address 112 Chatsworth Drive

City State Zip Code  
Nashville TN 37215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LifePoint Hospitals, Inc.

Occupation  
Gateway Division President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 2 / 2 0 0 7

Transaction ID: SA11A1.6103

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Robert Klein

Mailing Address 76 Blueridge Trace

City State Zip Code  
Hendersonville TN 37075

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LifePoint Hospitals, Inc.

Occupation  
Division President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 2 / 2 0 0 7

Transaction ID: SA11A1.6105

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Jone Koford

Mailing Address 133 Steeplechase Lane

City State Zip Code  
Brentwood TN 37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LifePoint Hospitals, Inc.

Occupation  
President, American Division

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 2 / 2 0 0 7

Transaction ID: SA11A1.6100

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

**A.**

Full Name (Last, First, Middle Initial)

Scott Raplee

Mailing Address 231 Lancelot Lane

City

Franklin

State

TN

Zip Code

37064

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LifePoint Hospitals, Inc.

Occupation

SVP, Ops CFO

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 3 / 2 0 0 7

Transaction ID: SA11A1.6108

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Thomas Weiss

Mailing Address 4016 Devon Street

City

Huntsville

State

AL

Zip Code

35802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LifePoint Hospitals, Inc.

Occupation

CEO - Hospital

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 3 / 2 0 0 7

Transaction ID: SA11A1.6110

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Michael Wiechart

Mailing Address 317 Inwood Way

City

Franklin

State

TN

Zip Code

37064

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LifePoint Hospitals, Inc.

Occupation

Division CFO

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 3 / 2 0 0 7

Transaction ID: SA11A1.6107

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 12

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

**A.**

Full Name (Last, First, Middle Initial)

Gary Willis

Mailing Address 1503 Forrest Garden Drive

City

Brentwood

State

TN

Zip Code

37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LifePoint Hospitals, Inc.

Occupation

VP & Controller

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 2 / 2 0 0 7

Transaction ID: SA11A1.6097

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

13000.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 / 12

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

**A.** MCCONNELL MAJORITY COMMITTEE; THE

Mailing Address PO BOX 75103

City  
WASHINGTON

State  
DC

Zip Code  
20013

Purpose of Disbursement  
fundraiser

Candidate Name

MCCONNELL MAJORITY COMMITTEE; THE

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District: 00

Transaction ID: SB23.6095

Date of Disbursement

/   /

Amount of Each Disbursement this Period

4000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....

4000.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 / 12

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

**A.** Senator Butch Gautreaux

Mailing Address 1103 8th Street

City  
Morgan City

State  
LA

Zip Code  
70380

Purpose of Disbursement  
fundraiser

Candidate Name  
Senator Butch Gautreaux

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: LA

District:

Transaction ID: SB29.6093

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

500.00

**TOTAL** This Period (last page this line number only) .....

500.00